**Frenchtown School District**

**STUDENTS** 3416

page 1 of 4

Administering Medicines to Students

“Medication” means prescribed drugs and medical devices that are controlled by the U.S. Food and Drug Administration and are ordered by a healthcare provider. It includes over-the-counter medications prescribed through a standing order by the school physician or prescribed by the student’s healthcare provider.

A building principal or other administrator may authorize, in writing, any school employee:

To assist in self-administration of any drug that may lawfully be sold over the counter without a prescription to a student in compliance with the written instructions and with the written consent of a student’s parent or guardian; and

To assist in self-administration of a prescription drug to a student in compliance with written instructions of a medical practitioner and with the written consent of a student’s parent or guardian.

Except in an emergency situation, only a qualified healthcare professional may administer a drug or a prescription drug to a student under this policy. Diagnosis and treatment of illness and the prescribing of drugs are never the responsibility of a school employee and should not be practiced by any school personnel.

Administering Medication

The Board will permit administration of medication to students in schools in its jurisdiction. A school nurse (who has successfully completed specific training in administration of medication), pursuant to written authorization of a physician or dentist and that of a parent, an individual who has executed a caretaker relative educational authorization affidavit, or guardian, may administer medication to any student in the school or may delegate this task pursuant to Montana law.

Emergency Administration of Medication

In case of an anaphylactic reaction or risk of such reaction, a school nurse or delegate may administer emergency oral or injectable medication to any student in need thereof on school grounds, in a school building, or at a school function, according to a standing order of a chief medical advisor or a student’s private physician.

In the absence of a school nurse, an administrator or designated staff member exempt from the nurse license requirement under § 37-8-103(1)(c), MCA, who has completed training in administration of medication, may give emergency medication to students orally or by injection.

The Board requires that there must be on record a medically diagnosed allergic condition that would require prompt treatment to protect a student from serious harm or death.

A building administrator or school nurse will enter any medication to be administered in an emergency on an individual student medication record and will file it in a student’s cumulative health folder.

3416

page 2 of 4

Self-Administration of Medication

The District will permit students who are able to self-administer specific medication to do so provided that:

1. A physician or dentist provides a written order for self-administration of said medication; 8
2. Written authorization for self-administration of medication from a student’s parent, an individual 9 who has executed a caretaker relative educational authorization affidavit, or guardian is on file; and
3. A principal and appropriate teachers are informed that a student is self-administering prescribed 12 medication.

A building principal or school administrator may authorize, in writing, any employee to assist with self-administration of medications, provided that only the following may be employed:

1. Making oral suggestions, prompting, reminding, gesturing, or providing a written guide for self-18 administering medications;
2. Handing to a student a prefilled, labeled medication holder or a labeled unit dose container, 20 syringe, or original marked and labeled container from a pharmacy;
3. Opening the lid of a container for a student; 22
4. Guiding the hand of a student to self-administer a medication; 23
5. Holding and assisting a student in drinking fluid to assist in the swallowing of oral medications; 24 and
6. Assisting with removal of a medication from a container for a student with a physical disability 26 that prevents independence in the act.

Self-Administration or Possession of Asthma, Severe Allergy, or Anaphylaxis Medication

Students with allergies or asthma may be authorized by the building principal or Superintendent, in consultation with medical personnel, to possess and self-administer emergency medication during the school day, during field trips, school-sponsored events, or while on a school bus. The student shall be authorized to possess and self-administer medication if the following conditions have been met:

1. A written and signed authorization from the parents, an individual who has executed a caretaker 36 relative educational authorization affidavit, or guardians for self-administration of medication, acknowledging that the District or its employees are not liable for injury that results from the student self-administering the medication.
2. The student must have the prior written approval of his/her primary healthcare provider. The 40 written notice from the student’s primary care provider must specify the name and purpose of the medication, the prescribed dosage, frequency with which it may be administered, and the circumstances that may warrant its use.
3. Documentation that the student has demonstrated to the healthcare practitioner and the school 44 nurse, if available, the skill level necessary to use and administer the medication.
4. Documentation of a doctor-formulated written treatment plan for managing asthma**,** severe 46 allergies or anaphylaxis episodes of the student and for medication use by the student during school hours.

3416

page 3 of 4

Authorization granted to a student to possess and self-administer medication shall be valid for the current school year only and must be renewed annually.

A student’s authorization to possess and self-administer medication may be limited or revoked by the building principal or other administrative personnel.

If provided by the parent, an individual who has executed a caretaker relative educational authorization affidavit, or guardian, and in accordance with documentation provided by the student’s doctor, backup medication must be kept at a student’s school in a predetermined location or locations to which the student has access in the event of an asthma**,** or anaphylaxis emergency.

Immediately after using epinephrine during school hours, a student shall report to the school nurse or other adult at the school who shall provide follow up care, including making a 9-1-1 emergency call.

Administration of Glucagons

School employees may voluntarily agree to administer glucagons to a student pursuant to 20-5-412, MCA only under the following conditions: (1) the employee has filed the necessary designation and acceptance documentation with the school district as required by 20-5-412(2) and (3) the employee has filed the necessary written documentation of training with the school district as required by 20-5-412(4).

Handling and Storage of Medications

The Board requires that all medications, including those approved for keeping by students for self-medication, be first delivered by a parent, an individual who has executed a caretaker

relative educational authorization affidavit, or other responsible adult to a nurse or employee assisting with self-administration of medication. A nurse or assistant:

1. Must examine any new medication to ensure it is properly labeled with dates, name of student, 33 medication name, dosage, and physician’s name;
2. Must develop a medication administration plan, if administration is necessary for a student, 35 before any medication is given by school personnel;
3. Must record on the student’s individual medication record the date a medication is delivered and 37 the amount of medication received;
4. Must store medication requiring refrigeration at 36° to 46° F; 39
5. Must store prescribed medicinal preparations in a securely locked storage compartment; and 40
6. Must store controlled substances in a separate compartment, secured and locked at all times. 41

The District will permit only a forty-five-(45)-school-day supply of a medication for a student to be stored at a school; and all medications, prescription and nonprescription, will be stored in their original containers.

The District will limit access to all stored medication to those persons authorized to administer medications or to assist in the self-administration of medications. The District requires every school to maintain a current list of those persons authorized by delegation from a licensed nurse to administer medications.

3416

page 4 of 4

Disposal of Medication

The District requires school personnel either to return to a parent, an individual who has executed a caretaker relative educational authorization affidavit, or guardian or, with permission of the parent, an individual who has executed a caretaker relative educational authorization affidavit, or guardian, to destroy any unused, discontinued, or obsolete medication. A school nurse, in the presence of a witness, will destroy any medicine not repossessed by a parent or guardian within a seven-(7)-day period of notification by school authorities.

Legal Reference: § 20-5-412, MCA Definition – parent-designated adult administration of glucagons – training

8.32.1733, ARM Tasks Which May Be Routinely Assigned to an Unlicensed Person in any Setting When a Nurse-Patient Relationship Exists

§ 20-5-420, MCA Self-administration or possession of asthma, severe allergy, or anaphylaxis medication

Policy History:

Adopted on: 11/13/01

Revised on: 10/11/05

Revised on: 08/14/07

Revised on: 01/15/08

3416F

**Montana Authorization to Carry and Self-Administer Medication**

For this student to carry and self-administer medication on school grounds or for school sponsored activities, this form must be fully completed by the prescribing physician/provider and an authorizing parent, an individual who has executed a caretaker relative educational authorization affidavit, or legal guardian.

Student’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sex: (Please circle) Female/Male City/Town: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birth Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ School Year: \_\_\_\_\_\_(Renew each year)

**Physician’s Authorization:**

The above named student has my authorization to carry and self administer the following medication:

Medication: (1)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dosage: (1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for prescription(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medication(s) to be used under the following conditions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I confirm that this student has been instructed in the proper use of this medication and is able to self-administer this medication on his own with out school personnel supervision. I have provided a written treatment plan for managing asthma**,** severe allergies or anaphylaxis episodes and for medication use by this student during school hours and school activities.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Physician Physician’s Phone Number Date

**For Completion by Parent, an individual who has executed a caretaker relative educational authorization affidavit, or Guardian**

As the parent, an individual who has executed a caretaker relative educational authorization affidavit, or guardian of the above named student, I confirm that this student has been instructed by his/her health care provider on the proper use of this/these medication(s). He/she has demonstrated to me that he/she understands the proper use of this medication. He/she is physically, mentally, and behaviorally capable to assume this responsibility. He/she has my permission to self- medicate as listed above, if needed. If he/she has used an auto-injectable epinephrine, he/she understands the need to alert an adult that emergency medical personnel need to be called. If he/she has used his/her asthma inhaler as prescribed and does not have relief from an asthma attack, he/she is to alert an adult.

I also acknowledge that the school district or nonpublic school may not incur liability as a result of any injury arising from the self-administration of medication by the student and that I shall indemnify and hold harmless the school district or nonpublic school and its employees and agents against any claims, except a claim based on an act or omission that is the result of gross negligence, willful and wanton conduct, or an intentional tort.

I agree to also work with the school in establishing a plan for use and storage of backup medication if prescribed, as above, by my child’s physician. This will include a predetermined location to keep backup medication to which my child has access in the event of an asthma or anaphylaxis emergency.

Authorization is hereby granted to release this information to appropriate school personnel and classroom teachers.

I understand that in the event the medication dosage is altered, a new “self-administration form” must be completed, or the physician may rewrite the order on his prescription pad and I, the parent/guardian, caretaker relative will sign the new form and assure the new order is attached.

I understand it is my responsibility to pick up any unused medication at the end of the school year, and the medication that is not picked up will be disposed of.

Parent/Guardian, caretaker relative Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Original signed authorization to the school; a copy of the signed authorization to the parent/guardian and health care provider)*

*Backup Medication – The law provides that if a child’s health care provider prescribes “backup” medication to be kept at the school, it must be kept in a predetermined location, known to the child, parent, and school staff.*

*The following backup medication has been provided for this student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*